

Applicant or Patentee: Erik S. Falck-Pedersen Attorney's
Serial or Patent No.: Filed Herewith Docket No.: 19603/230
Filed or Issued: Filed Herewith
For: ADENOVIRUS GENE EXPRESSION SYSTEM

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF CONCERN Cornell Research Foundation Inc.
ADDRESS OF CONCERN 20 Thornwood Drive, Suite 105, Ithaca, NY 14850

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATION UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA (NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA (NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled Adenovirus Gene Expression System by inventor(s) Erik S. Falck-Pedersen described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

(Filed Herewith)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING H. Walter Haeussler, Esq.

TITLE OF PERSON OTHER THAN OWNER President, Director

ADDRESS OF PERSON SIGNING Patents & Technology Marketing, Cornell Research Foundation, Inc., Cornell Business & Technology Park, 20 Thornwood Drive, Suite 105, Ithaca, New York 14850

SIGNATURE



DATE

12/14/93

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
19603/230

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADENOVIRUS GENE EXPRESSION SYSTEM

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. 08/166,925

on 12/14/93

and was amended

on _____ (if applicable).

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 19603/230	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Send Correspondence to: <u>Alan S. Korman</u> <u>Nixon, Hargrave, Devans & Doyle</u> <u>1600 Main Place Tower</u> <u>Buffalo, New York 14202</u>				Direct Telephone Calls to: (name and telephone number) (716) 853-8104	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME <u>1-09</u> <u>Falck-Pedersen</u>	FIRST GIVEN NAME <u>Erik</u>	SECOND GIVEN NAME <u>S.</u>	
	RESIDENCE & CITIZENSHIP	CITY <u>New York</u>	STATE/FOREIGN COUNTRY <u>New York</u>	COUNTRY OF CITIZENSHIP <u>U.S.</u>	
	POST OFFICE ADDRESS	P.O. ADDRESS <u>1161 York Ave.</u>	CITY <u>New York</u>	STATE & ZIP CODE/COUNTRY <u>New York 10021</u>	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
2 0 2	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
2 0 3	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE <u>Erik Falck-Pedersen 1/6/94</u>		DATE		DATE	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)		ATTORNEY'S DOCKET NUMBER 19603/230	
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p><u>ADENOVIRUS GENE EXPRESSION SYSTEM</u></p> <p>the specification of which (check only one item below):</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as United States application Serial No. _____ on _____ and was amended _____ (if applicable). on _____</p> <p><input type="checkbox"/> was filed as PCT international application Number _____ on _____ and was amended under PCT Article 19 _____ (if applicable). on _____</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p>			
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 19603/230	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Send Correspondence to: <u>Alan S. Korman</u> <u>Nixon, Hargrave, Devans & Doyle</u> <u>1600 Main Place Tower</u> <u>Buffalo, New York 14202</u>			Direct Telephone Calls to: (name and telephone number) (716) 853-8104		
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
		Falck-Pedersen	Erik	S.	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		New York	New York	U.S.	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		1161 York Ave.	New York	New York 10021	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	

FILED UNSIGNED